



## *City of Eugene*

## **HIPAA Privacy Notice**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**The City of Eugene sponsors the following self-insured plans and programs that provide group health benefits:**

- **City Health Plan;**
- **City Managed Care (Point of Service) Plan;**
- **City Hybrid Plan;**
- **Dental and Vision Insurance Plans;**
- **Health Care Component of the Flexible Spending Account Program;**
- **Employee Assistance Program; and**
- **The Health Risk Assessment (“HRA”) Component of the Health & Wellness Program.**

The Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”) requires group health plans to implement practices designed to protect the confidentiality of health information of covered individuals. It is the policy of the City to comply fully with the health information privacy standards of HIPAA.

This Notice describes the health information privacy practices of the above plans and programs (the “Plans”). The Plans will create, receive and maintain records that contain health information about you as necessary to administer the Plans and provide you with health care benefits. This Notice describes the Plans’ health information privacy policy and practices. The Notice informs you of the ways the Plan may use and disclose health information about you, and describes your rights and the obligations of the Plans regarding the use and disclosure of your health information. However, the Notice does not address the health information policies or practices of your health care providers.

### **PRIVACY OFFICIAL**

If you have any questions regarding the matters covered by this Notice, please contact the Plans’ designated Privacy Official:

Myrnie Daut, Privacy Official  
Risk Services Division  
940 Willamette St, Suite 200  
Eugene, Oregon 97401  
(541) 682-5790

## Our Pledge Regarding Protected Health Information

We are committed to protecting the health information that you share with us. The privacy practices of the Plans are designed to safeguard confidential health information (including genetic information) that identifies you, and which relates to a physical or mental health condition or the payment of your health care expenses. We use procedural, technical and physical safeguards to ensure your Protected Health Information is treated in accordance with our privacy policy. We also restrict access to this information within our organization to those employees who need the information in order to administer the Plans. This identifiable health information will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by applicable health information privacy laws.

This Notice will tell you about the ways in which the Plans may use and disclose Protected Health Information about you. It also describes our obligations and your rights regarding the use and disclosure of this information.

### Privacy Obligations of the Plan

The Plans are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of the Plans' legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice that is currently in effect.

### How the Plans May Use and Disclose Health Information

The different ways that the Plans may use and disclose your health information are described below.

**To Make or Obtain Payment.** The Plans may use or disclose your health information to make payment to or to obtain payment from third parties, such as other health plans or providers, for the care you receive. For example, we may provide health information to another health plan to coordinate the payment of benefits.

**To Conduct Health Plan Operations.** The Plans may use and disclose Protected Health Information about you to facilitate the administration and operation of the Plans, and to provide coverage and services to all individuals covered under the Plans. For example, the Plans may use Protected Health Information in connection with eligibility and enrollment activities, medical review, case management, actuarial, underwriting and legal services, audit services, fraud and abuse detection programs, planning and development programs such as cost management, or to engage in general administrative activities, such as customer service or the responding to questions or concerns.

**For Treatment and Treatment Alternatives.** The Plans may disclose your health information to a health care provider who renders treatment on your behalf. The Plans may use and disclose your health information to inform you of possible treatment options or alternatives that may be of interest to you.

**For Health-Related Benefits and Services.** The Plans may use or disclose your health information to provide you with information regarding health-related benefits and services that may be of interest to you.

**Disclosure to Plan Sponsor.** Health Information may be disclosed to designated City personnel solely for purposes of carrying out Plan-related administrative functions. These individuals will protect the privacy of your health information and ensure that it is used only as described in this Notice or as permitted by law.

**To an Individual Involved in Your Care or Payment of Your Care.** The Plans may disclose health information to a close friend or family member involved in, or who helps pay for, your health care.

**To a Business Associate.** The Plans may disclose health information to other persons or organizations, known as business associates, who provide services on the Plan's behalf. For example, a Plan may hire an administrative firm to process claims made under the Plan. To protect your health information, the Plan requires its business associates to appropriately safeguard the health information disclosed to them.

**As Required by Law.** The Plans will disclose Protected Health Information about you when required to do so by federal, state, or local law.

## **Special Use and Disclosure Situations**

The Plans may also use or disclosure your health information in the situations described below.

**Military and Veterans.** If you are a member of the armed forces, we may release Protected Health Information about you as required by military command authorities. We may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** The Plans may release Protected Health Information about you as necessary to comply with applicable workers' compensation or similar laws.

**To Avert Serious Threat to Health or Safety.** The Plans may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Public Health Activities.** The Plans may disclose Protected Health Information about you for public health activities, such as providing information to an authorized public health authority for the purpose of preventing or controlling a disease, injury or disability.

**Health Oversight Activities.** The Plans may disclose your health information to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs, or to ascertain compliance with applicable civil rights laws.

**Judicial and Administrative Proceedings.** The Plans may disclose your health information in response to a court or administrative order, a subpoena, warrant, discovery request or other lawful process.

**Law Enforcement.** The Plans may release Protected Health Information if asked to do so by a law enforcement official.

**Coroners and Medical Examiners.** The Plans may release Protected Health Information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of a person's death.

**Organ and Tissue Donation.** If you are an organ donor, the Plans may release Protected Health Information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Specialized Government Functions.** In certain circumstances, federal regulations require the Plans to use or disclose your health information to facilitate government functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.

## **Other Uses and Disclosures of Health Information**

Other uses and disclosures of health information not covered by this Notice or by the laws that apply to the Plans will be made only with your written authorization. Although not applicable under the Plans, the law expressly restricts the use and disclosure of (i) psychotherapy notes, (ii) the use or disclosure of health information for marketing purposes, or (iii) disclosures that constitute a sale of health information, unless authorized by you. If you authorize a Plan to use or disclose your health information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer disclose or use your health information for the reasons covered by your written authorization. However, the Plan will not retract any uses or disclosures previously made as a result of your prior authorization.

## **Your Rights Regarding Protected Health Information About You**

Your rights regarding your health information are described below.

**Protection of Genetic Information.** Genetic information about you or your family members may not be used or disclosed by the Plans for activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, or for any other underwriting purpose.

**Notification of Breach of Unsecured Health Information.** You will be promptly notified if the Plans or a business associate discovers a breach of unsecured health information that affects you.

**Right to Inspect and Copy.** You have the right to inspect and copy your health information maintained by the Plans. To inspect and copy health information maintained by the Plans, you must submit your request in writing to the Privacy Officer. A Plan may charge a fee for the costs of copying and mailing your request. In limited circumstances, a Plan may deny your request to inspect and copy your health information. Generally, if you are denied access to health information, you may request a review of the denial.

**Right to Amend.** If you feel that your health information maintained by a Plan is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is maintained by the Plan.

To request an amendment, you must send a detailed request in writing to the Privacy Official. You must provide the reasons supporting your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Is not part of the Protected Health Information kept by or for the Plan;
2. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
3. Is not information that you are permitted by law to inspect and/or copy; or
4. Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of your Protected Health Information other than disclosures made:

1. For health care treatment, payment or operation purposes;
2. To you, or to a person involved in your care;
3. To a law enforcement custodial official, or for national security purposes; or
4. In a manner that removed information that identified you.

To request this accounting of disclosures, you must submit your request in writing to the Privacy Official.

Your request must specify the time period for which you are requesting the information (for example, disclosures made during the six months preceding the date of the request). The Plans are not required to provide an accounting for disclosures made more than six years prior to the request.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on Protected Health Information the Plans use or disclose about you for treatment, payment or health care operations, or that the Plans disclose to someone who may be involved in your care or payment for your care, for example, a family member or friend. While a Plan will consider your request, it is not required to agree to it. A Plan will not agree to a restriction on the use or disclosure of Protected Health Information that is legally required, or that is necessary to administer the Plan. A Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction. To request a restriction, you must make your request in writing. A Plan may terminate the restriction upon your written request or with your agreement. A Plan may also terminate the restriction without your consent, but only as it affects Protected Health Information created or received after we advise you of the termination.

**Right to Receive Confidential Communications.** You have the right to request that a Plan communicate with you about Protected Health Information in a certain way or at a certain location if you believe that the disclosure of your health information can endanger you. For example, you can ask that a Plan only contact you at a certain telephone number or by email.

To request confidential communications, you must make your request in writing to the Privacy Official. Your request must specify how or where you wish to be contacted. The request must also include a statement that the disclosure of all or part of the information to which the request pertains could endanger you. The Plan will attempt to honor all reasonable requests for confidential communications.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Privacy Official. You may also obtain a copy of this Notice on the City of Eugene website, [www.eugene-or.gov](http://www.eugene-or.gov). Follow the link to Employee Benefits and click on Health Insurance.

## **Changes to This Notice**

The Plans reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that the Plans maintain. If the Notice is revised, a copy of the revised Notice will be distributed to you. The provisions of the new Notice will apply to all health information thereafter maintained by the Plans. Until such time as a Notice is revised, the Plans are required by law to comply with the current version of the Notice.

## **Complaints**

Concerns or complaints about the Plan's safeguarding of your health information should be directed to the Privacy Official. The Plan will not retaliate against you in any way for filing a complaint. All complaints must be submitted in writing. If you believe your privacy rights have been violated, you may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services.

**Effective Date of Notice:** September 23, 2013

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